# U.S. Department of Labor Employment Standards Administration Office of Labor-Management Standards Washington, DC 20210 W.S. Department of Labor FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATION SWITH \$200,000 OR MORE IN

TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP

Form Approved Office of Management and Budget No. 1215-0188 Expires: 11-30-2002

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.						
For Official Use Company 1. FILE NUMBER  2. PERIOD COVERED MO DAY YEAR  3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here:  (b) TERMINAL — If your organization ceased to exist and this is its						
terminal report, see decision All of the institutions and check here.						
Through 0 6 3 0 2 0 0 2 (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here:						
8. MAILING ADDRESS						
First Name						
JOSEPH						
Last Name						
POMPA						
P.O. Box · Building and Room Number (if any)						
SUITE 1035						
4. AFFILIATION OR ORGANIZATION NAME  OARDENITEDS IND  Number and Street						
CARPENTERS IND						
5. DESIGNATION (Local, Lodge, etc.) 6. DESIGNATION NUMBER						
LU 839 City						
7. UNIT NAME (if any) HOFFMAN ESTATES						
N/A State ZIP Code + 4						
9. Are your organization's records kept at its mailing address? Yes No L L 6 0 1 9 5 -						
75. ADDITIONAL INFORMATION						
Item Number						
Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)						
C. J. C. J. EINANCIAL						
SIGNED: Joseph Jorga SECRETARY						
(If other title, see instructions.) (847) 490-8839 (If other title, see instructions.)						
Date Telephone Number Date Telephone Number						
Days A of A (Paying d 2000)						

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FILE NUMBER:	0	1	1	•	7	2	0

During the Reporting Period Did Your Organization:			18. How many members did your organization have at the end of the 1 9 8 0
Have a "subsidiary organization" as defined in Section X of the instructions?		No X	reporting period?
		ا تست	19. What is the date of your organization's next regular election of officers?  MO YEAR  0 6 2 0 0 3
11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries?		X	20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization?  \$ 3 4 0 0 0 0
12. Have a political action committee (PAC) fund?	X		21. What are your organization's rates of dues and fees? (Enter a minimum and maximum if more than one rate
13. Acquire or dispose of any goods or property in	X	П	applies for any line.)  Rates of Dues and Fees
any manner other than by purchase or sale?	$\triangle$	ا لما	(a) Regular Dues/Fees \$ 75 per QUARTER (Month, Year, etc.)
14. Have an audit or review of its books and records			(b) Initiation Fees \$ 425
by an outside accountant or by a parent body auditor/representative?	X		(c) Transfer Fees \$N/A
15. Discover any loss or shortage of funds or other property?		X	(d) Work Permits \$\frac{N/A}{per} \frac{N/A}{(Month, Year, etc.)}
(Answer "Yes" even if there has been repayment or recovery.)		!	22. During the reporting period, did your organization have any changes in its constitution and bylaws  Yes No
16. Have any officer who was paid \$10,000 or more			(other than rates of dues and fees) or in practices/ procedures listed in the instructions?
by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan?	X		(If the constitution and bylaws or practices/ procedures have changed, see the instructions.)
17. Liquidate or reduce any liabilities without disbursement of cash?		X	23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period?
			24. Did your organization have any contingent liabilities at the end of the reporting period?
(If the answer to any of the above questions is "Yes," pro in Item 75 as explained in the instructions for each item.)		tails	(If the answer to Item 23 or 24 is "Yes," provide details in Item 75.)

#### Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only -- Do Not Enter Cents

	ASSETS		Start of Reporting Period (A)	End of Reporting Period (B)
	25. Cash		4 3 5 1 5 7	4 3 6 2 8 8
	26. Accounts Receivable		0	0
STE	27. Loans Receivable	1	0	0
ASSETS	28. U.S. Treasury Securities		1 3 8 3 7 0 1	1 4 1 3 1 8 0
	29. Investments	2	0	0
	30. Fixed Assets	5	8 9 4 7 4	5 9 1 8 1
	31. Other Assets	3	0	0
	32. TOTAL ASSETS		1 9 0 8 3 3 2	1 9 0 8 6 4 9
	LIABILITIES Item	From SCH #	Start of Reporting Period (C)	End of Reporting Period (D)
	33. Accounts Payable		0	0
lES	34. Loans Payable	8	0	0
LIABILITIES	35. Mortgages Payable	.	0	0
LIAI	36. Other Liabilities	4	0	0
	37. TOTAL LIABILITIES		0	0
	38. NET ASSETS (Item 32 less Item 37)		1 9 0 8 3 3 2	1 9 0 8 6 4 9
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#### Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only -- Do Not Enter Cents

		·			
CASH RECEIPTS Item	From SCH #	AMOUNT	CASH DISBURSEMENTS	From SCH #	AMOUNT
39. Dues		7 4 1 7 1 0	56. To Officers	9	106831
40. Per Capita Tax		0	57. To Employees	10	3 9 7 7 2
41. Fees		4 5 7 2 5	58. Per Capita Tax		2 1 1 6 4 7
42. Fines		0	59. Fees, Fines, Assessments, etc		1 2 5 8 5
43. Assessments		4 7 9 7	60. Office & Administrative Expense	13	1 2 8 3 5 3
44. Work Permits		0	61. Educational & Publicity Expense		2 0 0
45. Sale of Supplies		3 8 0 1	62. Professional Fees		0
46. Interest		6 9 6 6 8	63. Benefits	11	4 0 4 9 1
47. Dividends		0	64. Contributions, Gifts & Grants	12	1 8 1 8 2
48. Rents		0	65. Supplies for Resale		0
49. Sale of Investments & Fixed Assets	6	2 0 9 4 8 2 1	66. Direct Taxes		1 6 7 2 5
50. Loans Obtained	8	0	67. Withholding Taxes		3 3 8 3 8
51. Repayments of Loans Made	1	0	68. Purchase of Investments & Fixed Assets	7	2 1 2 4 3 0 0
52. On Behalf of Affiliates for Transmittal to Them		0	69. Loans Made	1	0
53. From Members for Disbursement on Their Behalf		0	70. Repayment of Loans Obtained	8	0
54. Other Receipts	14	7 4 5 8	71. To Affiliates of Funds Collected on Their Behalf		0
			72. On Behalf of Individual Members		0
			73. Other Disbursements	15	2 3 3 9 2 5
55. TOTAL RECEIPTS		2 9 6 7 9 8 0	74. TOTAL DISBURSEMENTS		2 9 6 6 8 4 9

#### Enter Amounts in Dollars Only - Do Not Enter Cents

### **SCHEDULE 1 – LOANS RECEIVABLE**

List below loans to officers, employees, or members which at any time during the reporting period exceeded \$250 and list all loans to	Loans	ng at Loans Made	Repayments Recei	Loans	
business enterprises regardless of amount. (A)	Outstanding at Start of Period (B)		Cash (D)(1)	Other Than Cash (D)(2)	Outstanding at End of Period (E)
1.					
2.					
	'				
3.					
	,				
4. Totals from additional pages (if any)					
5. Totals of loans not listed above	0	0	0	0	
6. Totals of Lines 1 through 5	0	0	0	0	(
The totals from Line 6 are entered in	ltem 27 Columл (A)	Item 69	Item 51	ltem 75with Explanation	Item 27 Column (B)

# SCHEDULE 2 - INVESTMENTS (OTHER THAN U.S. TREASURY SECURITIES)

FILE NUMBER: 0 1 1 - 7 2 0

### **SCHEDULE 3 - OTHER ASSETS**

Description (A)	Amount (B)	Description (A)	Book Value (B)
Marketable Securities	_	1. None	0
1. Total Cost	0	2.	
2. Total Book Value	0	3.	
List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.		4.	
(a) None	0	5.	
(b)		6. Total from additional pages (if any)	
(c)		7. Total of Lines 1 through 6	0
(d)		The total from Line 7 is entered in	Item 31, Column (B)
Other Investments 4. Total Cost	0	SCHEDULE 4 - OTHER	R LIABILITIES
5. Total Book Value	0	Description (A)	Amount at End of Period
List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached.		1. None	(B)
(a) None	0	2.	
(b)		3.	
(c)		5.	
(d)			
(e) Total from additional pages (if any)		6. Total from additional pages (if any)	
7. Total of Lines 2 and 5	0	7. Total of Lines 1 through 6	0
The total from Line 7 is entered in	Item 29, Column (B)	The total from Line 7 is entered in	Item 36, Column (D)
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## SCHEDULE 5 - FIXED ASSETS

FILE NUMBER: 0 1 1 - 7 2 0

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location): None	0		0	0
2. Totals from additional pages (if any)				
3. Buildings <i>(give location):</i> None	0	0	0	0
4. Totals from additional pages (if any)				
5. Automobiles and Other Vehicles	64256	18742	4 5 5 1 4	4 5 5 1 4
6. Office Furniture and Equipment	1 1 4 0 5 7	100390	1 3 6 6 7	13667
7. Other Fixed Assets	1437	1 4 3 7	0	0
8. Totals of Lines 1 through 7	179750	120569	5 9 1 8 1	59181

#### SCHEDULE 6 - SALE OF INVESTMENTS AND FIXED ASSETS

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1. U.S. TREASURY SECURITIES	2094821	2094821	2094821	2094821
2.				
3.		<del></del>		
4.				
5. Totals from additional pages (if any)				
6. Totals of Lines 1 through 5	2094821	2094821	2094821	2094821
	7. Less Reinvestments			0
	8. Net Sales		2 (	0 9 4 8 2 1
The total from Line 8 is entered in			•	Item 49

SCHEDULE 7 - PURCHASE OF INVESTMENTS AND	FIXED ASSETS	FILE NUMBER: 0	
Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1. U.S. TREASURY SECURITIES	2124300	2124300	2124300
2.			
3.			
4.			
5. Totals from additional pages (if any)			
6. Totals of Lines 1 through 5	2124300	2124300	2124300
	7. Less Reinvestments	•	0
	8. Net Purchases	2	1 2 4 3 0 0

#### **SCHEDULE 8 -- LOANS PAYABLE**

The total from Line 8 is entered in ......

O office Double 4.0			Repayment Made I		
Source of Loans Payable at Any Time During the Reporting Period (A)	Loans Owed at Start of Period (B)	Loans Obtained During Period (C)	Cash (D)(1)	Other Than Cash (D)(2)	Loans Owed at End of Period (E)
None	0	0	0	0	
),				7100	
ł					
5. Totals from additional pages (if any)					
6. Totals of Lines 1 through 5	0	0	0	0	
The total from Line 6 is entered in	ltem 34 Column (C)	Item 50	Item 70	ltem 75with Explanation	Item 34 Column (D)

### SCHEDULE 9 - ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 0 1 1 - 7 2 0

(A) Name (List all persons who held office during the reporting period they received no salary or other disbursements.)		Gross Salary (before taxes and		Disbursements for Official	Other	
(B) Title (Enter title of officer, such as PRESIDENT or TREASURER.)	Status (C)*	other deductions) (D)	Allowances (E)	Business (F)	Disbursements (G)	Total (H)
DAY RICHARD  1. PRESIDENT	С	9075	0	0	0	9075
SWANSON PAUL 2. VICE PRESIDENT	С	7 0 8 5	0	6 5 9 7	0	1 3 6 8 2
POMPA JOSEPH  3. FINANCIAL SEC'Y	С	3 4 3 2 0	0	5 9 4 4	0	40264
THVEDT TERRY 4. TREASURER	С	9801	0	5860	0	15661
MARTENS JOHN 5. RECORDING SEC'Y	С	10945	0	9 3 5	0	11880
HUTER TOM 6. TRUSTEE	С	7 5 3 2	0	0	0	7 5 3 2
MCGINNIS JAMES 7. TRUSTEE	С	7 2 6 0	0	o	0	7 2 6 0
8. Totals from additional pages (if any)		24302	0	1892	0	26194
9. Totals of Lines 1 through 8		110320	0	21228	0	131548
				10. Less Deduction	s	2 4 7 1 7
The total from Line 11 is entered in			Item 56	11. Net Disburseme	ents 1	0 6 8 3 1
Code for Status (C): past officer - P; continuing officer - C; new officer during the reporting period - N.					t elected at a regular electoristitution and bylaws, ex	tion in accordance with

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# SCHEDULE 10 - DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 0 1 1 - 7 2 0

(A) Name (List all employees who received more than \$10,000 in total disbursem from your organization and any affiliates.)	Gross Salary		Disbursements for Official	Other	
(B) Position (Enter employee's job title.)	(before taxes and other deductions)	Allowances	Business	Disbursements	Total
(C) Name of Affiliated Organization (if applicable)	(D)	(E)	(F)	(G)	(H)
BURGOS SANDRA	3 0 7 9 8	0	0	0	30798
1. OFFICE					
NONE					
2.					
3.					
4.					
5.					
6. Totals from additional pages (if any)					
7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates	15549	0	2546	0	18095
8. Totals of Lines 1 through 7	46347	0	2546	0	48893
			9. Less Deductions		9 1 2 1
The total from Line 10 is entered in		Item 57	10. Net Disburseme	nts	3 9 7 7 2
orm I M-2 (Revised 2000)	2 10		L		Page 10 of

### **SCHEDULE 11 - BENEFITS**

FILE NUMBER: 0 1 1 - 7 2 0

ARIES	2	2	7		
				5	6
		8	7	1	7
		6	4	5	1
		2	5	6	7
		•			
	4	0	4	9	1
"					

# SCHEDULE 12 - CONTRIBUTIONS, GIFTS & GRANTS

#### Description Amount (A) (B) 1. POLITICAL 6 2 3 0 2. LABOR 3. CIVIC & CHARITABLE 5 6 0 4. BIBLES 7 2 8 5. 6. 7. Total from additional pages (if any) 1 8 1 8 2 8. Total of Lines 1 through 7 The total from Line 8 is entered in ...... Item 64

## SCHEDULE 13 - OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)						
1. RENT & UTILITIES		-	6	0	5	9	9
2. OFFICE SUPPLIES			3	1	0	8	6
3. POSTAGE & PRINTING			1	6	4	9	7
4. TELEPHONE			1	4	3	6	7
5. INSURANCE - GENERAL				3	8	5	0
6. INSURANCE - BONDING				1	7	8	3
7. Total from additional pages (if any)					1	7	1
8. Total of Lines 1 through 7		1	2	8	3	5	3
The total from Line 8 is entered in Item 60							

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# SCHEDULE 14 - OTHER RECEIPTS

<u> </u>	A4			
Description (A)	Amount (B)			
1. PAYROLL TAX REFUNDS	3	5	0	3
2. PROMOTIONAL EVENTS	2	6	4	3
3. INSURANCE REFUND		7	5	0
4. OFFICE EXPENSE REFUND		2	7	7
5. NSF CHECK FEE REIMBURSEMENT		1	5	0
6.EMPLOYEE REIMBURSEMENT		1	3	5
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16. Total from additional pages (if any)				
17. Total of Lines 1 through 16	7	4	5	8
The total from Line 17 is entered in				

# SCHEDULE 15 - OTHER DISBURSEMENTS

Description (A)				oun B)	t		
1.SALARY & FRINGE REIMB -		-			<u></u>		0
2. DISTRICT COUNCIL		1	9	0	1	0	4
3.PROMOTIONAL EVENTS		•	1	8	6	2	5
4. PROMOTIONAL ITEMS EXPENSE	,		1	6	0	2	2
5. CONVENTION EXPENSE - PAID			-				0
6. DIRECTLY TO VENDOR				3	9	4	9
7.NSF CHECKS RETURNED				2	1	4	1
8. SKILL UPGRADE REIMBURSEMENTS			·	1	2	8	0
9. APPRENTICE FUND CONTRIB.					6	5	3
10. MEETING EXPENSE - UNALLOCABLE					4	4	0
11. WORKING CARDS & BUTTONS					3	9	5
12. DUES REFUNDS					3	1	6
13.							
14.							
15.							
16. Total from additional pages (if any)							
17. Total of Lines 1 through 16		2	3	3	9	2	5
The total from Line 17 is entered in Item 73							

ORGANIZATION NAME: CARPENTERS IND	
ENDING DATE OF PERIOD COVERED: 06/30/2002	

### SCHEDULE 9 - ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name (List all persons who held office during the reporting period every they received no salary or other disbursements.)		Gross Salary (before taxes and	Allerrance	Disbursements for Official	Other	Tatal
(B) Title (Enter title of officer, such as PRESIDENT or TREASURER.)	Status (C)*	other deductions) (D)	Allowances (E)	Business (F)	Disbursements (G)	Total (H)
SWANSON MATT TRUSTEE	N	8 2 7 5	0	6 5 5	0	8 9 3 0
KRABBE BRAD TRUSTEE	P	0	0	0	0	0
MARKHAM RAY CONDUCTOR	C	9856	0	1183	0	11039
BRUNS NED WARDEN	С	6 1 7 1	0	5 4	0	6 2 2 5

ORGANIZATION NAME: CARPENTERS IND	FILE NUMBER: 0 1 1 - 7 2 0
ENDING DATE OF PERIOD COVERED: 06/30/2002	

### SCHEDULE 13 - OFFICE & ADMINISTRATIVE EXPENSE (continued)

Description	A
Description	Amount
Description (A) .	(B)
BANK FEES	1 7
·····	

ORGANIZATION NAME: CARPENTERS IND		
ENDING DATE OF PERIOD COVERED: 06/30/2002		

### 75. ADDITIONAL INFORMATION

Item Number		
12	Local 839 Political Action Committee Fund is not required to file reports with any state or federal government agencies. T	he cash balance and
	activities on this LM-2 include the balance and activity of the PAC Fund.	
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orm LM-2 (Revis	ed 2000) 2 _ 175	

ORGANIZATION NAME: CARPENTERS IND	
ENDING DATE OF PERIOD COVERED: 06/30/2002	 

### 75. ADDITIONAL INFORMATION(continued)

Item Number	
13	Depreciation during the year ended June 30, 2002 was as follows: Automobiles - \$16,064, Furniture & Equipment - \$14,229; Total depreciation- \$30,293.
	The Local disposed of furniture and equipment during the year with a cost of \$5,480 and a book value of \$0. There was no cash received by the Local in connection with these disposals.

ENDING DATE OF PERIOD COVERED:	
06/30/2002	

75. ADDITIONAL INFORMATION (continued)

item Number	
14	Thomas Havey LLP.
}	
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ORGANIZATION NAME: CARPENTERS IND	
ENDING DATE OF PERIOD COVERED: 06/30/2002	

### 75. ADDITIONAL INFORMATION (continued)

10.AL	DITIONAL INI ORNIATION (CONTINUCU)
Item Number 16	Joseph Pompa, T. Richard Day, Terry Thvedt, and Paul Swanson were officers of the Local during the year ended June 30, 2002 and were also full-time business representatives of the Local. Effective January 1, 2000, all carpenter local business representatives are employed by the Chicago & Northeast Illinois District Council of Carpenters (District Council). Through December 31, 2001, the Local reimbursed the District Council for salaries, payroll taxes and fringe benefits. During the year ended June 30, 2002, the Local reimbursed the District Council \$190,104. Schedule 9 salaries for the above officers include only wages paid to them as officers of the Local.

ORGANIZATION NAME: CARPENTERS IND	
ENDING DATE OF PERIOD COVERED:	
06/30/2002	

				_			
FILE NUMBER:	0	1	1	-	7	2	0

n Number	
30	Schedule 5, Column E - Fair Market Value
	The Local has no policy for periodically appraising its assets to determine their fair market value. The book value of the Local's assets have been reported as a good faith estimate of the fair market value.

ORGANIZATION NAME: CARPENTERS IND	 
ENDING DATE OF PERIOD COVERED: 06/30/2002	

	DITIONAL INFORMATION (continued)
Item Number 56	Items 56 & 57, Schedule 9 and 10
	It is not practical to make a precise distribution of automobile operating expenses not paid directly to officers and employees and included in columns (f) and (g). However, an allocation of such expenses has been made in accordance with IRS reporting rules. If union owned/leased automobiles were used 50% or less for business purposes by IRS reporting standards, the remainder is treated as if it were personal use and is reported in column (g). IRS standards should not necessarily be considered as the actual business use of an automobile.

ORGANIZATION NAME: CARPENTERS IND	 	
ENDING DATE OF PERIOD COVERED:	<del></del>	
06/30/2002		

75. ADDITIONAL INFORMATION (continued)

Item Number 72	This item reflects only disbursements on behalf of individual members for other than normal operating purposes. entire union membership and individuals are not normally singled out for special purposes.	All of our expenses benefit the
L		

ORGANIZATION NAME: CARPENTERS IND		
ENDING DATE OF PERIOD COVERED: 06/30/2002	 	

75. ADDITIONAL INFORMATION (continued)

Item Number	
77	The Chief Financial Officer of the Local is the Financial Secretary.
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